

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2009 OF THE CONDITION AND AFFAIRS OF THE

Priority Health

		Period)	AIC Company Code	95561	Employer's ID Nur	mber <u>38-2715520</u>
Organized under the Laws o	,	Michigan	Sta	ite of Domicile	or Port of Entry	Michigan
Country of Domicile				ted States		
Licensed as business type:	Life, Accident & Hea	lth []	Property/Casual		ntal Service Corporation	
Licensed as business type.	Vision Service Corpo		Other []		alth Maintenance Organi	
	Hospital, Medical & I					
	nospital, Medical & I	Jeniai Servici	e or indemnity []	15 [IMO, Federally Qualified	ir res[] NO[X]
Incorporated/Organized	03/07/	1986	Comme	nced Business	10	0/15/1986
Statutory Home Office		1 East Beltlin		,	Grand Rapids, M	
	(Street and Number	er)		(City or Town, State	e and Zip Code)
Main Administrative Office			1;	231 East Beltlin (Street and Numb		
	Rapids, MI 49525-4501			(Otrect and Name	616-942-0954	also and
Mail Address	Town, State and Zip Code) 1231 East Be	Itlino NE			(Area Code) (Telephone Numl	,
Iviali Address	(Street and Number		,		Grand Rapids, MI 49 (City or Town, State and	
Primary Location of Books a	nd Records			1231 E	ast Beltline NE	
Grand F	Rapids, MI 49525-4501			(Stree	et and Number) 616-464-8926	
	Town, State and Zip Code)				(Area Code) (Telephone Numl	iber)
Internet Website Address			WWW.	priority-health.c	om	
Statutory Statement Contact	t Kristy	Lynn Shoem	aker	_	616-464-8	
kristy.shoe	maker@priority-health.	(Name) COM			(Area Code) (Telephone No 616-942-7916	umber) (Extension)
	(E-mail Address)				(FAX Number)	
			OFFICERS	6		
Name		Title		Name		Title
Kimberly K Horn Judith W Hooyenga		Chief Executi Secretary	ve Officer	Gregory A H	awkins , Treas	surer / Chief Financial Officer
	,		THER OFFIC	ERS		
Dennis Aloia	0.	DIREC aig H Bethun	TORS OR TE	RUSTEES Richard C B	roon	Gaylen J Byker
Karl D Deck		orgia R Fojtas		Michael P F	reed	Lynn Kotecki
Michael I Love		eter B Lundee		Christina Mad		Edward M Millermaier
Kathleen S Ponitz Hilary F Snell		lobert W Roth ale M Sowder		Thomas G Sch James J Step		Timothy V Smith Jody D Vanderwel
Douglas A Zwemer		aic ivi oowaci		varies v Otep	- Indian	oody D variatives
State of	Michigan					
County of	_	ss				
•						
above, all of the herein describe this statement, together with rel of the condition and affairs of the completed in accordance with that state rules or regulations re respectively. Furthermore, the s	ed assets were the absolu ated exhibits, schedules a he said reporting entity as he NAIC Annual Statemen equire differences in report scope of this attestation by	te property of the nd explanations of the reporting t Instructions are ing not related to the described	e said reporting entity, therein contained, and period stated above, a d Accounting Practices to accounting practices officers also includes the	free and clear from the sexed or referred and of its income and Procedures and procedures, are related corresp	m any liens or claims therecto is a full and true statemer and deductions therefrom for manual except to the extent according to the best of their bonding electronic filing with	d that on the reporting period stated on, except as herein stated, and than of all the assets and liabilities and for the period ended, and have beer it that: (1) state law may differ; or, (2 ir information, knowledge and belief the NAIC, when required, that is arous regulators in lieu of or in addition
Kimberly K President / Chief Ex		Trea	Gregory A. Hawk asurer / Chief Financ		Judi	ith W. Hooyenga Secretary
Subscribed and sworn to be day of Catherine H. Sochanek Executive Administrative A	February, 2010	_		b. If 1. 2.	this an original filing? no, State the amendment n Date filed Number of pages attach	
05/12/2016	oo i o taiit					

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
199999 Total individuals			,			
Froup subscribers:						
ord Motor Company	6,165,331	11,686	0	0	0	6, 177, 01
ord Motor Companytate of Michigan	3,235,089	47 , 174	0	77 , 765	77 ,765	3,282,26
1299997 Group subscriber subtotal	9,400,420	58,860	0			9,459,28
1299998 Premiums due and unpaid not individually listed	4,616,351	304,257		204,975	204,975	4,997,76
299999 Total group	14,016,771	363,117	77 . 159		282,740	14,457,04
399999 Premiums due and unpaid from Medicare entities			. , 100	202,710	202,710	
1499999 Premiums due and unpaid from Medicaid entities						
599999 Accident and health premiums due and unpaid (Page 2, Line 13)	14,016,771	363,117	77 , 159	282,740	282,740	14,457,04

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	EARIBIT 3 - REALTH CARE RECEIVABLES											
l l	2	3	4	5	6	7						
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted						
vidually Listed Receivables: ess Scripts.												
ess Scripts	1,791,336	1,791,336	1,791,336	137 , 227	137 , 227	5,374,008						
99998 – Aggregate of amounts not individually listed above.	0	0	0	709,505	709,505	0						
99999 – Totals – Pharmaceutical rebate receivables	1,791,336	1,791,336	1,791,336	846,732	846,732	5,374,008						
199998 – Aggregate of amounts not individually listed above.	335,533	169,624	135,375	0	0	640,532						
199999 – Totals – Claim Overpayment Receivables	335,533	169,624	135,375			640,532						
199998 – Aggregate of amounts not individually listed above.	392,448	234	236	720,732	727 , 379	386,271						
199999 - Totals - Loans and Advances to Providers	392,448	234	236	720,732	727 , 379	386,271						
199998 – Aggregate of amounts not individually listed above.	4,379	34,773	41,263	10,426	10,426	80,415						
199999 - Totals - Other Receivables	4,379	34,773	41,263	10,426	10,426	80,415						
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799999 Gross health care receivables	2,523,696	1,995,967	1,968,210	1,577,890	1,584,537	6,481,226						

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims		_	_	
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
	-					
						·····
0199999 Individually listed claims unpaid	2 450 622	Ω	0		0	2, 450, 622
0299999 Aggregate accounts not individually listed-uncovered	3,159,622 29,253,948					3 , 159 , 622 29 , 253 , 948
0399999 Aggregate accounts not individually listed-covered			0			29,253,948
0499999 Subtotals	32,413,570	0	0	0	0	32,413,570
0599999 Unreported claims and other claim reserves						68,489,090
0699999 Total amounts withheld						46,069
0799999 Total claims unpaid						100,948,729
0899999 Accrued medical incentive pool and bonus amounts						20,960,205

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables:							
Spectrum Health	6,772,201	0	0	0	0	6,772,201	0
Individually Listed Receivables: Spectrum Health Priority Health Managed Benefits, Inc	1,003,940	0	0	0	0	1,003,940	0
0199999 Individually listed receivables	7.776.141	0	0	0	0	7.776.141	0
0199999 Individually listed receivables	7 ,776 , 141 552 , 316	0	0	0	0	7,776,141 552,316	0
0399999 Total gross amounts receivable	8,328,457	0	0	0	0	8,328,457	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Priority Health Insurance Company	Premium	14,222,105	14,222,105	0
Spectrum Systems.	Line of credit	10.000.000	0	10,000,000
Priority Health Managed Benefits, Inc	Trade	9,068,719	9,068,719	0
1 2				
0190909 Individually listed payables		33,290,824	23,290,824	10,000,000
0199999 Individually listed payables		6,878,712	6,878,712	
0399999 Total gross payables		40,169,536	30,169,536	10,000,000
US99999 Total gross payables		40, 109, 330	30,109,330	10,000,000

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

<u> </u>		110/10/110/11	<u> </u>	7 1 1 2 2 1 1 1 0		
Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	23,893,323	2.0		0.0	23,893,323	
2. Intermediaries	0	0.0		0.0		
3. All other providers	25,634,516	2.1		0.0	25,634,516	
Total capitation payments	49,527,839	4.1	0	0.0	49 , 527 , 839	0
Other Payments:						
5. Fee-for-service	105,507,825	8.7	XXX	XXX		105,507,825
6. Contractual fee payments	579,234,012	47 .7	XXX	XXX	579,234,012	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments	480,044,708	39.5	XXX	XXX	480 , 044 , 708	
9. Non-contingent salaries	0	0.0	xxx	XXX		
10. Aggregate cost arrangements	0	0.0	xxx	XXX		
11. All other payments	0	0.0	xxx	XXX		
12. Total other payments	1,164,786,545	95.9	XXX	XXX	1,059,278,720	105,507,825
13. Total (Line 4 plus Line 12)	1,214,314,384	100 %	XXX	XXX	1,108,806,559	105,507,825

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXTIBIT FACT E COMMAND OF TRANSPORTERS	•		_	
1	2	3	4	5	6
			Average		Intermediary's
			Average Monthly	Intermediary's	Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
NAIC Code	Name of intermedial y	Capitation raid	Capitation	Total Adjusted Capital	CONTION LEVEL INDO
	NONE	***************************************		***************************************	
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	2,287,276		(2,004,849)	282,427	282,427	0
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment	29,320,166		(15,370,314)	13,949,852	13,949,852	0
6. Total	31,607,442	0	(17,375,163)	14,232,279	14,232,279	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Priority Health (LOCATION) **DURING THE YEAR 2009** NAIC Company Code 95561 NAIC Group Code BUSINESS IN THE STATE OF Michigan Comprehensive (Hospital & Medical) 5 8 10 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Plan Medicare Medicaid Other Total Members at end of: 359.715 1.513 348.434 9.768 1. Prior Year .344,775 .361,491 .1,484 .15,232 2 First Quarter .364.376 .1.577 .346.562 .16.237 3 Second Quarter ..1,577 .352,334 16.993 .370,904 4. Third Quarter 380.816 1.577 361.332 17.907 Current Year 4,408,636 18,514 4,194,530 195,592 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** ..14,375 .3,604,871 ..3,256,752 .333,744 7. Physician 382,461 1,525 345,527 35,409 8. Non-Physician 3,602,279 9. Total 3,987,332 15,900 369,153 10. Hospital Patient Days Incurred 109.059 361 81.831 26.867 11. Number of Inpatient Admissions 24,460 91 20,527 3,842 ..1,324,753,251 ..5, 173, 967 ..1, 172, 200, 718 .147,378,566 12. Health Premiums Written (b). 13. Life Premiums Direct. 14. Property/Casualty Premiums Written .1,323,382,746 5.168.013 1.170.856.984 .147 , 357 , 749 15. Health Premiums Earned 16. Property/Casualty Premiums Earned .1.214.314.384 ..6.256.644 .1.092.649.705 17. Amount Paid for Provision of Health Care Services ..115.408.035 6.200.906 1.075.965.616 121,686,179 1.203.852.701 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 147,373,396



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION
Priority Health
2. (LOCATION)

NAIC Group Code 3383 BUSINESS IN THE STATE OF Consolidated
DURING THE YEAR 2009
NAIC Group Code 9556

IAIC Group Code 3383 BUSINESS IN THE STATE	OF Consolidated			DURING THE YEAR	2009			(LOCATION) NA	IC Company Code	95561
5000 5000 5000	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										Ì
1. Prior Year	359,715	1,513	348,434	0	0	0	0	9,768	0	;
2 First Quarter	361,491	1,484	344,775	0	0	0	0	15,232	0	·
3 Second Quarter	364,376	1,577	346,562	0	0	0	0	16,237	0	·
4. Third Quarter	370,904	1,577	352,334	0	0	0	0	16,993	0	·
5. Current Year	380,816	1,577	361,332	0	0	0	0	17,907	0	1
6 Current Year Member Months	4,408,636	18,514	4,194,530	0	0	0	0	195,592	0	ĺ
Total Member Ambulatory Encounters for Year:										Ì
7. Physician	3,604,871	14,375	3,256,752	0	0	0	0	333,744	0	<u> </u>
8. Non-Physician	382,461	1,525	345,527	0	0	0	0	35,409	0	<u> </u>
9. Total	3,987,332	15,900	3,602,279	0	0	0	0	369,153	0	1
10. Hospital Patient Days Incurred	109,059	361	81,831	0	0	0	0	26,867	0	<u> </u>
11. Number of Inpatient Admissions	24,460	91	20,527	0	0	0	0	3,842	0	1
12. Health Premiums Written (b)	1,324,753,251	5, 173, 967	1, 172, 200, 718	0	0	0	0	147 , 378 , 566	0	·
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	L
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	· · · · · · · · · · · · · · · · · · ·
15. Health Premiums Earned	1,323,382,746	5,168,013	1, 170, 856, 984	0	0	0	0	147 , 357 , 749	0	ļ
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,214,314,384	6, 256, 644	1,092,649,705	0	0	0	0	115 , 408 , 035	0	
18. Amount Incurred for Provision of Health Care Services	1,203,852,701	6,200,906	1,075,965,616	0	0	0	0	121,686,179	0	Ì

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 147,373,396

Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

NONE

1599999 Totals

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health

SCHEDULE S - PART 3 - SECTION 2

				COLLEGEL								
			Re	einsurance Ceded Accident and Health Insu	rance Listed	by Reinsuring Con	npany as of December	er 31, Current Year				
1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Type	Premiums		Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
92711	35 - 1817054	09/01/2008	HCC Life Insurance Company	Kennesaw, GA	SSL/1/L		(11 111)					
92711	35 - 1817054	09/01/2009	HCC Life Insurance CompanyHCC Life Insurance Company	Kennesaw, GA	SSL/1/L	578,216						
0299999	- Total Authorize	d General Account	- Non-Affiliates	,		1,370,505						
0399999	- Total Authorize	d General Account				1,370,505						
			d General Account			1,370,505						
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SCHEDULE S - PART 4

			Reinsurance Ceded to Unauthorized Companies										
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+10+11+12+13 But Not in Excess of Col. 8
	· · · · · · · · · · · · · · · · · · ·												
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1199999	Total												

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		O O O O	millea)			
		1 2009	2 2008	3 2007	4 2006	5 2005
Α. (DPERATIONS ITEMS					
1.	Premiums	1,350	1,064	888	1,837	691
2.	Title XVIII-Medicare	21	9	7	0	0
3.	Title XIX-Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance	0	0	0	0	0
5.	Total hospital and medical expenses	356	1 , 138	1,686	1,131	156
В. І	BALANCE SHEET ITEMS					
6.	Premiums receivable	0	0	0	0	0
7.	Claims payable	0	0	0	0	0
8.	Reinsurance recoverable on paid losses	0	0	0	357	0
9.	Experience rating refunds due or unpaid	0	0	0	0	0
10.	Commissions and reinsurance expense allowances unpaid	0	0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
	JNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sheet to Identity Net Co	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	393,812,473	1,370,505	395 , 182 , 978
2.	Accident and health premiums due and unpaid (Line 13)	15 , 257 , 168		15 , 257 , 168
3.	Amounts recoverable from reinsurers (Line 14.1)	0		0
4.	Net credit for ceded reinsurance.	xxx	(1,370,505)	(1,370,505)
5.	All other admitted assets (Balance)	. 17,405,978		17,405,978
6.	Total assets (Line 26)	426,475,619	0	426,475,619
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	100,948,729	0	100 ,948 ,729
8.	Accrued medical incentive pool and bonus payments (Line 2)	20 , 960 , 205		20 , 960 , 205
9.	Premiums received in advance (Line 8)	20,006,430		20,006,430
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
11.	Reinsurance in unauthorized companies (Line 18)	0		0
12.	All other liabilities (Balance)	. 49,653,959		49,653,959
13.	Total liabilities (Line 22)	191,569,323	0	191,569,323
14.	Total capital and surplus (Line 31)	234,906,296	XXX	234,906,296
15.	Total liabilities, capital and surplus (Line 32)	426,475,619	0	426,475,619
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	. (1,370,505)		
21.	Total ceded reinsurance recoverables	. (1,370,505)		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	. 0		
26.	Total ceded reinsurance payables/offsets	. 0		
27.	Total net credit for ceded reinsurance	(1,370,505)		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

				Direct Rue	iness Only		
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
District of Columbia							
	FL						
	GA						
12. Hawaii							
	ID						
13. Idaho							
14. Illinois		}	·		}	l	}
15. Indiana							
16. lowa	IA						
17. Kansas	KS	ł	-		}	}	}
18. Kentucky							
19. Louisiana							
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts 23. Michigan 24. Minnesota	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi							
26. Missouri							
27. Montana							
28. Nebraska					• • • • • • • • • • • • • • • • • • • •		
29. Nevada					• • • • • • • • • • • • • • • • • • • •		
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York							
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania			<u> </u>				<u> </u>
40. Rhode Island		<u> </u>			L		<u> </u>
41. South Carolina							
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43. Tennessee	TN						
	TN						
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45. Utah							
46. Vermont	VT						
47. Virginia		·	-		····	·	}
48. Washington						····	
49. West Virginia							
50. Wisconsin						ļ	ļ
51. Wyoming							
52. American Samoa	AS						
53. Guam							[
54. Puerto Rico							
55. U.S. Virgin Islands							
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56 Northern Mariana Islands	MD						
56. Northern Mariana Islands	CN						

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SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUIVINART OF INSURER S TRANSACTIONS WITH ANT AFFILIATES											
NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12208	. 20 - 1529553 . 38 - 3085182 . 38 - 2715520	Priority Health Insurance Company. Priority Health Managed Benefits. Priority Health. Priority Health Government Programs. Spectrum Health.		18,000,000			(9,144,848) 105,580,030	-			8 , 855 , 152 105 , 580 , 030	
	38 - 3085182	Priority Health Managed Benefits					105.580.030				105 . 580 . 030	
95561	38-2715520	Priority Health	11,750,000	(18,000,000)			(84.451.264)			(2,030,376)	(92.731.640)	
11520	32-0016523	Priority Health Government Programs	(11,750,000)				(11,983,918)			(2,000,0.0)	(92,731,640) (23,733,918)	
11020	38-3382353	Spectrum Health	(11,100,000)				(11,000,010)	• • • • • • • • • • • • • • • • • • • •		2,030,376	2,030,376	
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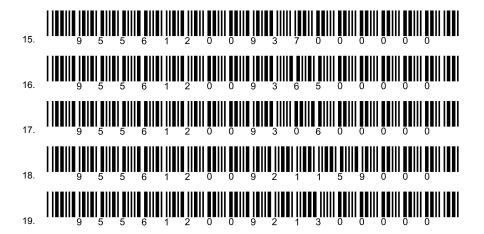
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions

questi	ons.	,
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES.
3.	·	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.		YES
6.		YES
7.		YES
•	JUNE FILING	VEC
8.		YESYES
9.		
vhich	Illowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code sement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory.	will be printed below. If the
	MARCH FILING	
10.		NO
11.	•	NO
12.		NO
13.		N0
14.	·	NO
15.		NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? APRIL FILING	NO
17.		NO
18.		NO
19.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
XPL	ANATION:	
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SAR (CODE:	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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